

Postmark deadline is June 1, 2002.

Social Security #: _____/_____/_____ ☐ Male ☐ Female Date of Birth: ____/____/_____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Are you service connected? ☐ Yes ☐ No If Yes, what percentage? _____

Are you a member of a Veterans Service Organization (VSO)? ☐ Yes ☐ No

If Yes, which Veterans Service Organization? _____

STATUS AND DIVISION

☐ Competitor ☐ Other If other, please identify: _____

Age Division (as of 8/10/02): ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80+

Division Classification: ☐ Ambulatory ☐ Wheelchair ☐ Visually Impaired (Legally Blind)

Are you a member of a team? ☐ Yes ☐ No If Yes, what team name: _____

Team Coach(es): _____

Telephone number of Team Coach(es): _____

Primary VA Medical Center: _____

WHEELCHAIR/SCOOTER INFORMATION (Please provide the following information about your wheelchair and/or scooter)

Manufacturer: _____ Model: _____ Serial Number: _____

☐ Power ☐ Manual Caster Size: _____ Tire Size: _____

Overall Width: _____ Seat Width: _____ Seat Depth: _____

Wheelchair/cart Inspected by: _____ Telephone Number: _____

Are you able to board a bus/van without using a wheelchair/cart? ☐ Yes ☐ No *It is your responsibility to have your wheelchair inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.*

ASSISTIVE EQUIPMENT

All participants are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited amount of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you. _____

You must plan to bring any medications you take and any assistive equipment you use.